FORM NLRB-501 (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	08-CA-249010	Date Filed 9/27/19

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in 1. EMPL	which the alleged unfair labor practic OYER AGAINST WHOM CHARGI	
a. Name of Employer Case Western Reserve University Division of Public Safety		b. Tel. No. (216)368-0996
		c. Cell No.
		1. FdX. NO.
d. Address (Street, city, state, and ZIP code) 1689 East 115th street Cleveland, Ohio 44106	e. Employer Representative	g. e-mail
		h. Number of workers employed 70
I. Type of Establishment (factory, mine, wholeseler, etc.) Police Department	j. Identify principal product or ser public safety	vice
The above-named employer has engaged in and is engaged	ing in unfair labor practices within	the meaning of section 8(a), subsections (1) and
(list subsections) (2) (3) & (4)		of the National Labor Relations Act, and thest unfair labor
practices are practices affecting commerce within the me	aning of the Act, or these unfair lab	oor practices affecting commerce within the meaning of
the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise state)		
against for my support of the union. This charge w by my employer. On (a) (b) (c) (c) 2019, I was contaracially profiled an individual, which was not true individual in the police department, possibly a civi (b) (6), (b) (7)(c) 2019 I was contacted by the human communication with the department's dispatch, where the communication with the department of the communication with the communication with the communication with the department of the communication with the department of the communication with the communication wit	as voluntarily withdrawn in A cted by the employer's office of While I was not informed whilian employee, based on stater resource department about an aich was not true. These are referenced.	
3. Full name of party filing charge (if labor organization, g (b) (6), (b) (7)(C)		e and number)
4a. Address (Street and number, city, state, and ZIP code (b) (6), (b) (7)(C)	:)	4b. Tel. No. (b) (6), (b) (7)(C)
		4c. Cell No. (b) (6), (b) (7)(C)
		4d. Fax No.
		4e. e-mail (b) (6), (b) (7)(C)
5. Full name of national or international labor organization	n of which it is an affiliate or consti	tuent unit (to be filled in when charge is filed by a labor organization)
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No. (216) 531-0123
(s/ David Glenn Phillips	Attorne	Office, if any, Cell No.
(signature of representative or person making charge)	(Print/type name and title	Fax No. (216)888-3928
Address 4403 St. Clair, Cleveland, Ohio 44103	Date 9/27	d.g.phillips@sbcglobal.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.